

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 1 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
PHP										
<u>MARIN COUNTY (21)</u>										
Kaiser Foundation Health Plan, Inc. Northern California Region (91-12915) A7 1800 Harrison Street, 9th Floor Oakland, CA 94612-2998	#81	11/01/91	04/30/99	<u>Public Assistance</u> AFDC \$ 58.95 OAS 86.36 ATD/AB 160.76 <u>Medically Needy</u> AFDC \$ 105.24 OAS 124.20 ATD/AB 661.28 AIDS 1,252.21	** 334/271***	\$28,979	Marin	Jerry Fleming		
CONTACT: Sheila Lawler (510) 987-2543										
Total County Public Assistance Eligible, January 1999: 6,515 Total County Medically Needy Eligible, January 1999: 2,166										
MARIN COUNTY				SUBTOTAL	271	\$28,979				
<u>RIVERSIDE COUNTY (33)</u>										
Maxicare (93-19006) A5 1149 South Broadway, Suite 819 Los Angeles, CA 90015	#126	05/01/94	08/31/99	<u>Public Assistance</u> AFDC \$ 69.37 OAS 86.66 ATD/AB 181.19 <u>Medically Needy</u> AFDC \$ 162.00 OAS 164.68 ATD/AB 931.98 MI CHILD 135.64 MI ADULT 595.63 REFUGEE 100.53 AIDS 1,924.55	** 25,000/2,368	\$195,346	Riverside	C. David Molina, M.D.		
CONTACT: Denise Hill (213) 365-3123										
Total County Public Assistance Eligible, January 1999: 140,459 Total County Medically Needy Eligible, January 1999: 20,353										
RIVERSIDE COUNTY SUBTOTAL					2,368	\$195,346				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 2 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SAN BERNARDINO COUNTY (36)</u>										
Maxicare (93-19006) A5 1149 South Broadway, Suite 819 Los Angeles, CA 90015	#127	05/01/94	08/31/99	<u>Public Assistance</u> AFDC \$ 59.62 OAS 86.40 ATD/AB 189.00 <u>Medically Needy</u> AFDC \$ 141.10 OAS 164.68 ATD/AB 931.98 MI CHILD 135.64 MI ADULT 595.63 REFUGEE 100.53 AIDS 1,924.55	** 25,000/6,466	\$477,872	San Bernardino	C. David Molina, M.D.		
CONTACT: Denise Hill (213) 365-3123										
Total County Public Assistance Eligible, January 1999: 200,337										
Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY				SUBTOTAL	6,466	\$477,872				
<u>SONOMA COUNTY (49)</u>										
Kaiser Foundation Health Plan, Inc. Northern California Region (91-12915) A7 1800 Harrison Street, 9th Floor Oakland, CA 94612-2996	#87	11/01/91	04/30/99	<u>Public Assistance</u> AFDC \$ 58.95 OAS 86.36 ATD/AB 160.76 <u>Medically Needy</u> AFDC \$ 105.24 OAS 124.20 ATD/AB 661.28 AIDS 1,252.21	**1,024/716****	\$60,949	Sonoma	Jerry Fleming		
CONTACT: Sheila Lawler (510) 987-2543										
Total County Public Assistance Eligible, January 1999: 25,021										
Total County Medically Needy Eligible, January 1999: 3,805										
SONOMA COUNTY				SUBTOTAL	716	\$60,949				
<u>YOLO COUNTY (57)</u>										
Omni Health Care (96-26965) A1 2450 Venture Oaks, Suite 300 Sacramento, CA 95833-3292	#14	05/01/97	04/30/99	<u>Public Assistance</u> AFDC \$ 59.75 OAS 86.97 ATD/AB 165.57 <u>Medically Needy</u> AFDC 106.74 OAS 124.99 ATD/AB 692.64 MI CHILD 88.68 MI ADULT 521.58	11,000/58****	\$4,375	Yolo	OMNI Health Care		
CONTACT: Robert Fahlman (916) 921-4188										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 3 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
Western Hlth Advantage (96-27058) A1 1331 Garden Highway, Suite 100 Sacramento, CA 95833 CONTACT: Matt Menglekoch, Director of Operations (916) 563-3189	#11	05/01/97	04/30/99	<u>Public Assistance</u>		11,000/71****	\$5,026	Yolo	Western Health Advantage, Inc.	
				AFDC	\$ 59.75					
				OAS	86.97					
				ATD/AB	165.57					
				<u>Medically Needy</u>						
				AFDC	\$ 106.74					
				OAS	124.99					
				ATD/AB	692.64					
				MI CHILD	88.68					
				MI ADULT	521.58					
				REFUGEES	66.39					
Total County Public Assistance Eligible, January 1999: 15,3697										
Total County Medically Needy Eligible, January 1999: 3,046										
YOLO COUNTY				SUBTOTAL	129	\$9,401				
				TOTAL PHP	48,358/9,950	\$772,547				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 4 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Foundation Health* (97-11075) 125 Technology Street Irvine, CA 92618	#406	11/01/84	10/31/00	<u>Public Assistance</u>		286,863/89,431****	\$812,310	Los Angeles	Thomas MaLoof	
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				<u>Medically Needy</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				MI CHILD	9.09					
				MI ADULT	9.09					
				REFUGEES	79.87					
				<u>Public Assistance</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
<u>Medically Needy</u>										
AFDC	\$ 9.09									
OAS	9.09									
ATD/AB	9.09									
MI CHILD	9.09									
MI ADULT	9.09									
REFUGEES	79.87									
CONTACT: Donna Edson (714) 790-3450										
Universal Care* (95-23314) A1 1600 E. Signal Hill Street Signal Hill, CA 90806-3682	#405	01/01/90	12/31/02	<u>Public Assistance</u>		180,000/44,975****	\$408,023	Los Angeles	Howard E. Davis	
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				<u>Medically Needy</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				MI CHILD	9.09					
				MI ADULT	9.09					
				REFUGEES	79.87					
				<u>Public Assistance</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
<u>Medically Needy</u>										
AFDC	\$ 9.09									
OAS	9.09									
ATD/AB	9.09									
MI CHILD	9.09									
MI ADULT	9.09									
REFUGEES	79.87									
CONTACT: Stuart Gary (562) 981-4050										
Watts Health* Foundation, Inc. dba United Health Plan (93-18862) A2 3405 West Imperial Highway Suite 600 Inglewood, CA 90303	#403	11/01/92	04/30/99	<u>Public Assistance</u>		100,000/29,057****	\$263,819	Los Angeles	Clyde Oden, O.D.	
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				<u>Medically Needy</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
				MI CHILD	9.09					
				MI ADULT	9.09					
				REFUGEES	79.87					
				<u>Public Assistance</u>						
				AFDC	\$ 9.09					
				OAS	9.09					
				ATD/AB	9.09					
<u>Medically Needy</u>										
AFDC	\$ 9.09									
OAS	9.09									
ATD/AB	9.09									
MI CHILD	9.09									
MI ADULT	9.09									
REFUGEES	79.87									
CONTACT: Jennifer Spalding, SVP (310) 671-3465 Ext. 3336										
Total County Public Assistance Eligible, January 1999: 1,245,525										
Total County Medically Needy Eligible, January 1999: 156,805										
LOS ANGELES COUNTY				SUBTOTAL		163,463	\$1,484,152			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 5 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>RIVERSIDE COUNTY (33)</u>										
Foundation Health* (97-11075) 125 Technology Street Irvine, CA 92618	#407	10/01/93	10/31/00	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	286,863/900	\$8,181	Riverside	Thomas Maloof		
CONTACT: Donna Edson (714) 790-3450										
Total County Public Assistance Eligible, January 1999: 140,459										
Total County Medically Needy Eligible, January 1999: 20,353										
RIVERSIDE COUNTY SUBTOTAL					900	\$8,181				
<u>SAN BERNADINO COUNTY (36)</u>										
Watts Health* Founation Inc. dba United Health Plan (93-18862) A2 3405 West Imperial Highway Suite 600 Inglewood, CA 90303	#404	11/01/92	04/30/99	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/1,321****	\$ 11,999	San Bernardino	Clyde Oden, O.D.		
CONTACT: Jennifer Spalding, SVP (310) 671-3465 EXT. 3336										
Foundation Health,* (97-11075) 125 Technology Street Irvine, CA 92618	#408	07/01/90	10/31/00	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEE 9.09 AIDS 1,910.99	286,863/5,568****	\$50,513	San Bernardino	Thomas Maloof		
CONTACT: Donna Edson (714) 790-3450										
Total County Public Assistance Eligible, January 1999: 200,337										
Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY SUBTOTAL					6,889	\$ 62,512				
TOTAL PHP (DENTAL)					566,863/171,252	\$1,554,845				

COUNTY COHS

May 1999, 6 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>NAPA COUNTY (28)</u>										
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (96-26994) A2 421 Executive Court North, Suite A Suisun City, CA 94585	#507	03/01/98	04/30/99		/8,525***		Napa County			
CONTACT: Jack Horn (707) 863-4100										
<u>ORANGE COUNTY (30)</u>										
Orange County Organized Health System dba CalOptima (95-23284) A6 1120 West La Veta Ave, 5th Floor Orange, CA 92668	#506	10/01/95	09/30/99		/214,905		Orange County	Mary Dewane		
CONTACT: Mary Dewane (714) 246-8420										
<u>SAN MATEO COUNTY (41)</u>										
San Mateo Health Commission dba Health Plan of San Mateo (97-10939) A2 1500 Fashion Island Blvd., Suite 300 San Mateo, CA 94404	#503	12/01/93	06/30/99		/39,796		San Mateo County	James Sheremeta		
CONTACT: Michael Murray (650) 573-9710										
<u>SANTA BARBARA COUNTY (42)</u>										
Santa Barbara County Special Healthcare Authority dba Santa Barbara Health Initiative (98-15936) 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/93	12/31/99		/35,984	Barbara	Santa County	Dave Lamkin		
CONTACT: Bob Freeman (805) 685-9525										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 7 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SANTA CRUZ COUNTY (44)</u>										
Santa Cruz County Managed Care Commission dba Santa Cruz County Health Options (95-23322) A4 375 Encinal Street, Suite A Santa Cruz, CA 95060	#505	01/01/96	12/31/99		/19,947		Santa Cruz County	Alan McKay		
CONTACT: Alan McKay (408) 457-3850 x 222										
<u>SOLANO COUNTY (48)</u>										
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (96-26994) A2 421 Executive Court North, Suite A Suisun City, CA 94585	#504	05/01/94	04/30/99		/41,658***	Solano County	Jack Horn			
CONTACT: Jack Horn (707) 863-4100										
TOTAL COUNTY COHS					<u>/360,815</u>					

May 1999, 8 of 28

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech																	
SPECIAL PROJECTS																											
OnLok Senior Health* Services dba OnLok Senior Health (97-11055) A1 1441 Powell Street San Francisco, CA 94133-3879	#55	11/01/83	06/30/00	MN-LTC AIDS	\$2,213.46 2,860.82	1,200/732		\$1,620,253	San Francisco	Jennie Chin Hansen																	
CONTACT: Kate O'Malley (415) 292-8883																											
Center for Elders* Independence (98-14917) 1955 San Pablo Ave Oakland, CA 94612	#51	06/01/92	06/30/01	MN-LTC AIDS	\$2,244.69 2,892.05	260/199		\$446,693	Alameda	Bobbe Rockoff																	
CONTACT: Peter Szutu (510) 433-1150																											
Sutter Senior Care* (96-26939) 1234 U Street Sacramento, CA 95816	#50	06/01/92	05/29/00	<table><tr><td>Public</td><td>Assistance</td></tr><tr><td>OAS</td><td>\$1,864.60</td></tr><tr><td>ATD/AB</td><td>1,864.60</td></tr><tr><td>Medically</td><td>Needy</td></tr><tr><td>OAS</td><td>\$1,864.60</td></tr><tr><td>ATD/AB</td><td>1,864.60</td></tr><tr><td>LTC OAS</td><td>1,864.60</td></tr><tr><td>LTC ATD/AB</td><td>1,864.60</td></tr><tr><td>AIDS</td><td>2,511.96</td></tr></table>	Public	Assistance	OAS	\$1,864.60	ATD/AB	1,864.60	Medically	Needy	OAS	\$1,864.60	ATD/AB	1,864.60	LTC OAS	1,864.60	LTC ATD/AB	1,864.60	AIDS	2,511.96	280/137		\$255,450	Sacramento	January A. Saibeni, Chief Executive Officer
Public	Assistance																										
OAS	\$1,864.60																										
ATD/AB	1,864.60																										
Medically	Needy																										
OAS	\$1,864.60																										
ATD/AB	1,864.60																										
LTC OAS	1,864.60																										
LTC ATD/AB	1,864.60																										
AIDS	2,511.96																										
CONTACT: Jonathon C. Freer (916) 552-2288																											
San Francisco City & County Public Health dba Family Mosaic Project (98-14918) 1309 Evans Avenue San Francisco, CA 94124	#601	02/01/93	12/31/01	<table><tr><td>Public</td><td>Assistance</td></tr><tr><td>AFDC</td><td>\$1,848.75</td></tr><tr><td>ATD/AB</td><td>1,848.75</td></tr><tr><td>Medically</td><td>Needy</td></tr><tr><td>AFDC</td><td>\$1,848.75</td></tr><tr><td>ATD/AB</td><td>1,848.75</td></tr><tr><td>MI CHILD</td><td>1,848.75</td></tr><tr><td>AIDS</td><td>1,848.75</td></tr></table>	Public	Assistance	AFDC	\$1,848.75	ATD/AB	1,848.75	Medically	Needy	AFDC	\$1,848.75	ATD/AB	1,848.75	MI CHILD	1,848.75	AIDS	1,848.75	500/215		\$397,481	San Francisco	Miriam Martinez, DHD Director		
Public	Assistance																										
AFDC	\$1,848.75																										
ATD/AB	1,848.75																										
Medically	Needy																										
AFDC	\$1,848.75																										
ATD/AB	1,848.75																										
MI CHILD	1,848.75																										
AIDS	1,848.75																										
CONTACT: Gary Zombalt (415) 206-7600																											
Scan Health Plan* dba: Senior Care Action Network (98-15658) 3780 Kilroy Airport Way, Suite 600 Long Beach, CA 90806-2460	#200/ 201	01/01/82	12/31/99	<table><tr><td>Public</td><td>Assistance</td></tr><tr><td>OAS</td><td>\$ 205.63</td></tr><tr><td>ATD/AB</td><td>197.20</td></tr><tr><td>Medically</td><td>Needy</td></tr><tr><td>OAS</td><td>\$ 205.63</td></tr><tr><td>ATD/AB</td><td>197.20</td></tr><tr><td>LTC OAS</td><td>2,019.76</td></tr><tr><td>LTC ATD/AB</td><td>2,019.76</td></tr></table>	Public	Assistance	OAS	\$ 205.63	ATD/AB	197.20	Medically	Needy	OAS	\$ 205.63	ATD/AB	197.20	LTC OAS	2,019.76	LTC ATD/AB	2,019.76	3,000/1,003		\$576,719	Long Beach	Sam L. Ervin		
Public	Assistance																										
OAS	\$ 205.63																										
ATD/AB	197.20																										
Medically	Needy																										
OAS	\$ 205.63																										
ATD/AB	197.20																										
LTC OAS	2,019.76																										
LTC ATD/AB	2,019.76																										
CONTACT: Sam Ervin (562) 989-5100																											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 9 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
Scan Health Plan* dba: Senior Care Action Network (98-15658) 3780 Kilroy Airport Way, Suite 600 Long Beach, CA 90806-2460	#204/ 205	04/01/97	12/31/99	<u>Public</u> <u>Assistance</u> OAS \$ 143.32 ATD/AB 170.06 <u>Medically</u> <u>Needy</u> OAS \$ 143.32 ATD/AB 170.06 LTC OAS 2,084.69 LTC ATD/AB 2,084.69	3,000/167	\$80,742	Riverside	Sam L. Ervin		
CONTACT: Sam Ervin (562) 989-5100										
Scan Health Plan* dba: Senior Care Action Network (98-15658) 3780 Kilroy Airport Way, Suite 600 Long Beach, CA 90806-2460	#206/ 207	04/01/97	12/31/99	<u>Public</u> <u>Assistance</u> OAS \$ 147.98 ATD/AB 184.97 <u>Medically</u> <u>Needy</u> OAS \$ 147.98 ATD/AB 184.97 LTC OAS 2,084.69 LTC ATD/AB 2,084.69	3,000/89	\$54,248	San Bernardino	Sam L. Ervin		
CONTACT: Sam Ervin (562) 989-5100										
Altamed Hlth Services Corp.#052 (98-14712) 500 Citadel Drive, Suite 490 Los Angeles, CA 90040		03/31/96	06/30/01	<u>Public</u> <u>Assistance</u> OAS \$1,852.95 ATD/AB 1,852.95 <u>Medically</u> <u>Needy</u> OAS \$1,852.95 ATD/AB 1,852.95 LTC OAS 1,852.95 LTC ATD/AB 1,852.95 AIDS 2,196.79	260/98	\$181,589	Los Angeles President	Castulo de la Rocha,		
CONTACT: Cathy Ladd (213) 980-4000										
TOTAL SPECIAL PROJECTS					<u>5,500/2,640</u>	<u>\$3,613,175</u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 10 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
PCCM										
<u>EL DORADO COUNTY (09)</u>										
Molina Medical Centers A Professional Corp. (95-22729) A2 One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#857	07/01/92	06/30/99	<u>Public Assistance</u>		75,000/432	\$17,251	El Dorado	C. David Molina, M.D.	
				AFDC	\$ 26.09					
				OAS	46.70					
				ATD/AB	72.99					
				<u>Medically Needy</u>						
				AFDC	\$ 34.50					
				OAS	49.21					
				ATD/AB	96.28					
				MI CHILD	22.50					
				MI ADULT	133.75					
				REFUGEE	39.25					
Total County Public Assistance Eligible, January 1999: 6,511										
Total County Medically Needy Eligible, January 1999: 2,643										
EL DORADO COUNTY				SUBTOTAL		432	\$17,251			
<u>LOS ANGELES COUNTY (19)</u>										
AIDS Healthcare Foundation (96-26694) 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-8073 CONTACT: Donna Steadman (213) 468-1354	#910	04/01/95	12/31/99	<u>Public Assistance</u>		2,000/478	\$541,552	Los Angeles	Michael Weinstein	
				AFDC	\$ 34.13					
				OAS	90.48					
				ATD/AB	120.38					
				<u>Medically Needy</u>						
				AFDC	\$ 34.13					
				OAS	90.48					
				ATD/AB	120.38					
				MI CHILD	26.13					
				MI ADULT	148.30					
				REFUGEE	131.17					
				AIDS	1,139.35					
Total County Public Assistance Eligible, January 1999: 1,245,525										
Total County Medically Needy Eligible, January 1999: 156,805										
LOS ANGELES COUNTY				SUBTOTAL		478	\$541,552			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 11 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>MADERA COUNTY (20)</u>										
Molina Medical Centers A Professional Corp. (97-11874) One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#858	11/01/96	10/31/00	<u>Public Assistance</u>						
				AFDC	\$ 18.40	5,000/579	\$13,081	Madera	Primary Care	
				OAS	44.41				Medical Group	
				ATD/AB	67.68					
				<u>Medically Needy</u>						
				AFDC	\$ 25.96					
				OAS	45.46					
				ATD/AB	85.93					
				MI CHILD	18.85					
				MI ADULT	56.17					
				REFUGEE	31.76					
				Total County Public Assistance Eligible, January 1999: 15,214						
Total County Medically Needy Eligible, January 1999: 5,738										
MADERA COUNTY				SUBTOTAL	579	\$13,081				
<u>SACRAMENTO COUNTY (34)</u>										
Molina Medical Centers A Professional Corp. (95-22729) A2 One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#844	07/01/92	06/30/99	<u>Public Assistance</u>						
				AFDC	\$ 26.09	75,000/27	1,408	Sacramento	C. David	
				OAS	46.70				Molina, M.D.	
				ATD/AB	72.99					
				<u>Medically Needy</u>						
				AFDC	\$ 34.50					
				OAS	49.21					
				ATD/AB	96.28					
				MI CHILD	22.50					
				MI ADULT	133.75					
				REFUGEE	39.25					
				Total County Public Assistance Eligible, January 1999: 193,256						
Total County Medically Needy Eligible, January 1999: 21,920										
SACRAMENTO COUNTY				SUBTOTAL	27	\$1,408				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 12 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>YOLO COUNTY (57)</u>										
Molina Medical Centers A Professional Corp. (95-22729) A2 One Golden Shore Dr. Long Beach, CA 90802 CONTACT: John C. Molina (562) 435-3666	#855	07/01/92	06/30/99	<u>Public Assistance</u>		75,000/1,191	Yolo	C. David Molina, M.D.		
				AFDC	\$ 26.09					
				OAS	46.70					
				ATD/AB	72.99					
				<u>Medically Needy</u>						
				AFDC	\$ 34.50					
				OAS	49.21					
				ATD/AB	96.28					
				MI CHILD	22.50					
				MI ADULT	133.75					
				REFUGEE	39.25					
Total County Public Assistance Eligible, January 1999: 15,367										
Total County Medically Needy Eligible, January 1999: 3,046										
YOLO COUNTY				SUBTOTAL		1,191	\$37,267			
				TOTAL PCCM		82,000/2,707	\$610,559			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 13 of 28

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech
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PCCM (DENTAL)

LOS ANGELES COUNTY (19)

Cohen Medical Corp* dba Tower Health Services (95-23080) A3 200 Oceangate, Sixth Pl. Long Beach, CA 90802	#400	05/01/92	04/30/99	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/7,907****	\$71,766	Los Angeles	Paul Cohen, M.D.		
CONTACT: David George (562) 435-2676										

Total County Public Assistance Eligible, January 1999: 1,245,525

Total County Medically Needy Eligible, January 1999: 156,805

LOS ANGELES COUNTY	SUBTOTAL	7,907	\$71,766
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RIVERSIDE COUNTY (33)

Cohen Medical Corp.* dba Tower Health Services (95-23080) A3 200 Oceangate, Sixth Pl Long Beach, CA 90802	#401	05/01/92	04/30/99	<u>Public Assistance</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/3,172****	\$ 28,797	Riverside	Paul Cohen, M.D.		
CONTACT: David George (562) 435-2676										

Total County Public Assistance Eligible, January 1999: 140,459

Total County Medically Needy Eligible, January 1999: 20,353

RIVERSIDE COUNTY	SUBTOTAL	3,172	\$ 28,797
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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SAN BERNADINO COUNTY (36)</u>				<u>Public Assistance</u>						
Cohen Medical Corp. * dba Tower Health Services (95-23080) A3 200 Oceangate, Sixth Pl Long Beach, CA 90802	#402	05/01/92	04/30/99	AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 <u>Medically Needy</u> AFDC \$ 9.09 OAS 9.09 ATD/AB 9.09 MI CHILD 9.09 MI ADULT 9.09 REFUGEES 79.87	100,000/4,418****	\$40,096	San Bernardino	Paul Cohen, M.D.		
CONTACT: David George (562) 435-2676										
Total County Public Assistance Eligible, January 1999: 200,337 Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY				SUBTOTAL	4,418	\$40,096				
TOTAL PCCM (DENTAL)					100,000/15,497	\$140,659				

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Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/Current Enrollment	Capitation Due	Area	Contractor	Contract Manager (Backup)	Disenrollments Tech
2-PLAN										
<u>ALAMEDA COUNTY (01)</u>										
Alameda Alliance for Health (95-23483) A3 1850 Fairway Drive San Leandro, CA 94557 CONTACT: Irene Ibarra (510) 895-4532	#300	01/01/96	12/31/00	<u>Public Assistance</u>		180,000/77,557****	\$7,054,528	Alameda	David Kears	
				AFDC	\$ 85.68					
				OAS	154.56					
				ATD/AB	231.43					
				<u>Medically Needy</u>						
				AFDC	85.68					
				OAS	154.56					
				231.43						
				MI CHILD	79.83					
				MI ADULT	631.59					
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#340	02/01/96	03/31/02	<u>Public Assistance</u>		**109,000/29,136****	\$2,460,062	Alameda	CaliforniaCare Health Plan	
				AFDC	\$ 80.30					
				OAS	162.16					
				ATD/AB	222.90					
				<u>Medically Needy</u>						
				AFDC	80.30					
				OAS	162.16					
				ATD/AB	222.90					
				MI CHILD	82.85					
				MI ADULT	585.20					
Total County Public Assistance Eligible, January 1999: 149,275										
Total County Medically Needy Eligible, January 1999: 16,595										
ALAMEDA COUNTY				SUBTOTAL	106,693	\$9,514,590				
<u>CONTRA COSTA COUNTY (07)</u>										
County of Contra Costa Contra Costa Hlth Plan (96-26103) A3 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (510) 313-6004	#301	10/01/96	03/31/02	<u>Public Assistance</u>		59,430/41,268****	\$3,903,529	Contra Costa	County of Contra Costa	
				AFDC	\$ 86.72					
				OAS	164.93					
				ATD/AB	231.09					
				<u>Medically Needy</u>						
				AFDC	\$ 86.72					
				OAS	164.93					
				ATD/AB	231.09					
				MI CHILD	70.42					
				MI ADULT	598.14					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 16 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
				<u>Public Assistance</u>						
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012	#344	06/01/98	03/31/02	AFDC	\$ 78.77	41,000/5,725****	\$ 468,323	Contra Costa	CaliforniaCare Health Plan	
				OAS	167.23					
				ATD/AB	221.21					
				<u>Medically Needy</u>						
CONTACT: Verne Brizendine (805) 384-3565				AFDC	78.77					
				OAS	167.23					
				ATD/AB	221.21					
				MI CHILD	75.80					
				MI ADULT	538.67					
Total County Public Assistance Eligible, January 1999: 68,472										
Total County Medically Needy Eligible, January 1999: 8,227										
CONTRA COSTA COUNTY				SUBTOTAL	46,993	\$4,371,852				
<u>FRESNO COUNTY (10)</u>										
				<u>Public Assistance</u>						
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012	#341	02/01/96	03/31/02	AFDC	\$ 75.50	**112,500/104,897****	\$8,392,414	Fresno	Health Plan	
				OAS	161.07					
				ATD/AB	198.98					
				<u>Medically Needy</u>						
CONTACT: Verne Brizendine (805) 384-3565				AFDC	75.50					
				OAS	161.07					
				ATD/AB	198.98					
				MI CHILD	83.87					
				MI ADULT	584.53					
				<u>Public Assistance</u>						
Health Net (95-23523) A7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#351	04/01/96	03/31/02	AFDC	\$ 75.14	**112,500/21,251****	\$1,635,737	Fresno		
				OAS	160.26					
				ATD/AB	198.00					
				<u>Medically Needy</u>						
CONTACT: Rhonda West-Peters (916) 636-8269			ATD/AB	AFDC	75.14					
				OAS	160.26					
				198.00						
				MI CHILD	83.47					
				MI ADULT	581.63					
Total County Public Assistance Eligible, January 1999: 147,935										
Total County Medically Needy Eligible, January 1999: 21,929										
FRESNO COUNTY				SUBTOTAL	126,148	\$10,028,151				

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MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>KERN COUNTY (15)</u>										
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#342	02/01/96	03/31/02	<u>Public Assistance</u>		**73,000/27,837****	\$2,371,384	Kern	CaliforniaCare Health Plan	
				AFDC	\$ 79.18					
				OAS	194.24					
				ATD/AB	212.14					
				<u>Medically Needy</u>						
				AFDC	79.18					
				OAS	194.24					
				ATD/AB	212.14					
				MI CHILD	84.26					
				MI ADULT	586.49					
Kern Health Systems dba Kern Family Health Care (96-25802) A5 1600 Norris Road Bakerfield, CA 93308 CONTACT: Carol Sorrell (805) 391-4044	#303	07/01/96	04/30/01 OAS	<u>Public Assistance</u>		92,000/50,346****	\$4,076,404	Kern Systems	Kern Health	
				AFDC	\$ 79.77					
					196.42					
				ATD/AB	213.84					
				<u>Medically Needy</u>						
				AFDC	79.77					
				OAS	196.42					
				ATD/AB	213.84					
				MI CHILD	85.01					
				MI ADULT	593.49					
REFUGEE	79.77									
Total County Public Assistance Eligible, January 1999: 90,630 Total County Medically Needy Eligible, January 1999: 27,937										
KERN COUNTY				SUBTOTAL		78,183	\$6,447,788			
<u>LOS ANGELES COUNTY (19)</u>										
Health Net (95-23523) A7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Rhonda West-Peters (916) 636-8269	#352	04/01/96	03/31/02	<u>Public Assistance</u>		**710,000/405,852****	\$32,570,404	Los Angeles	Health Net	
				AFDC	\$ 77.75					
				OAS	161.73					
				ATD/AB	216.06					
				<u>Medically Needy</u>						
				AFDC	77.75					
				OAS	161.73					
				ATD/AB	216.06					
				MI CHILD	60.98					
				MI ADULT	537.62					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>Public Assistance</u>										
LA Care Health Plan (96-26397) A4 3530 Wilshire Boulevard, Suite 704 Los Angeles, CA 90100	#304	04/01/98	03/31/02	AFDC \$ 80.86 OAS 165.02 ATD/AB 220.20	1,150,000/607,109****	\$49,743,703	Los Angeles	LA Care Health Plan		
<u>Medically Needy</u>										
				AFDC 80.86 OAS 165.02 ATD/AB 220.20 MI CHILD 64.20 MI ADULT 545.05						
CONTACT: Anthony Rodgers (213) 251-8300										
Total County Public Assistance Eligible, January 1999: 1,245,525										
Total County Medically Needy Eligible, January 1999: 156,805										
LOS ANGELES COUNTY SUBTOTAL					<u>1,012,961</u>	<u>\$82,814,107</u>				
<u>RIVERSIDE COUNTY (33)</u>										
<u>Public Assistance</u>										
Inland Empire Health Plan (96-26253) A3 303 E. Vanderbilt Way, Suite 400 San Bernardino, CA 92408	#305	09/01/96	08/31/02	AFDC \$ 81.88 OAS 129.86 ATD/AB 204.78	272,000/59,115****	\$5,204,737	Riverside	Inland Empire Health Plan		
<u>Medically Needy</u>										
				AFDC 81.88 OAS 129.86 ATD/AB 204.78 MI CHILD 69.97 MI ADULT 606.32						
CONTACT: Richard Bruno, CEO (909) 890-2000										
<u>Public Assistance</u>										
Molina Medical Centers A Professional Corp. (95-23637) A3 One Golden Shore Dr. Long Beach, CA 90802	#355	03/01/98	03/31/02	AFDC \$ 75.91 OAS 162.29 ATD/AB 204.96	83,038/8,271****	\$641,511	Riverside	C. David Molina, M.D.		
<u>Medically Needy</u>										
				AFDC \$ 75.91 OAS 162.29 ATD/AB 204.96 MI CHILD 79.33 MI ADULT 515.67						
CONTACT: John C. Molina (562) 435-3666										
Total County Public Assistance Eligible, January 1999: 140,459										
Total County Medically Needy Eligible, January 1999: 20,353										
RIVERSIDE COUNTY SUBTOTAL					<u>67,386</u>	<u>\$5,666,248</u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 19 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SAN BERNARDINO COUNTY (36)</u>										
Inland Empire Health Plan (96-26253) A3 303 E. Vanderbilt Way, Suite 400 San Bernardino, CA 92408	#306	09/01/96	08/31/02	<u>Public Assistance</u> AFDC \$ 74.81 OAS 137.73 ATD/AB 208.07 <u>Medically Needy</u> AFDC 74.81 OAS 137.73 ATD/AB 208.07 MI CHILD 69.27 MI ADULT 530.42	272,000/76,829****	\$6,083,510	San Bernardino	Inland Empire Health Plan		
CONTACT: Richard Bruno, CEO (909) 890-2000										
Molina Medical Centers A Professional Corp. (95-23637) A3 One Golden Shore Dr. Long Beach, CA 90802	#356	03/01/98	03/31/02	<u>Public Assistance</u> AFDC \$ 74.04 OAS 167.25 ATD/AB 217.87 <u>Medically Needy</u> AFDC \$ 74.04 OAS 167.25 ATD/AB 217.87 MI CHILD 79.42 MI ADULT 531.42	136,332/16,882****	\$1,353,239	San Bernardino	C. David Molina, M.D.		
CONTACT: John C. Molina (562) 435-3666										
Total County Public Assistance Eligible, January 1999: 200,337 Total County Medically Needy Eligible, January 1999: 34,367										
SAN BERNARDINO COUNTY				SUBTOTAL	93,711	\$7,436,749				
<u>SAN FRANCISCO COUNTY (38)</u>										
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012	#343	02/01/96	03/31/02	<u>Public Assistance</u> AFDC \$ 90.56 OAS 164.04 ATD/AB 225.87 <u>Medically Needy</u> AFDC 90.56 OAS 164.04 ATD/AB 255.87 MI CHILD 66.91 MI ADULT 555.49	**63,000/14,603****	\$1,396,653	San Francisco	CaliforniaCare Health Plan		
CONTACT: Verne Brizendine (805) 384-3565										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 20 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>Public Assistance</u>										
San Francisco Hlth Authority dba San Francisco Health Plan (96-26381) A3 568 Howard Street, Fifth Floor San Francisco, CA 94105 CONTACT: Shahnaz Nikpay (415) 547-7800	#307	01/01/97	12/31/02	AFDC	\$ 98.75	55,000/21,887****	\$2,325,614	San Francisco	San Francisco Health Authority dba San Francisco	Health Plan
				OAS	167.35					
				ATD/AB	238.62					
				<u>Medically Needy</u>						
				AFDC	98.75					
				OAS	167.35					
				ATD/AB	238.62					
				MI CHILD	88.34					
				MI ADULT	616.05					
				REFUGEES	98.75					
Total County Public Assistance Eligible, January 1999: 80,171										
Total County Medically Needy Eligible, January 1999: 11,742										
SAN FRANCISCO COUNTY				SUBTOTAL		36,490	\$3,722,267			
<u>SAN JOAQUIN COUNTY (39)</u>										
<u>Public Assistance</u>										
Health Plan of San Joaquin (95-23582) A3 1550 W. Fremont Street, Ste 200 Stockton, CA 95203-2643 CONTACT: Terry Mack (209) 939-3500	#308	01/01/96	01/31/01	AFDC	\$ 67.76	87,000/54,716****	\$3,937,145	San Joaquin		
				OAS	129.04					
				ATD/AB	203.04					
				<u>Medically Needy</u>						
				AFDC	67.76					
				OAS	129.04					
				ATD/AB	203.04					
				MI CHILD	59.37					
				MI ADULT	534.45					
<u>Public Assistance</u>										
Omni Healthcare Inc. (96-26171) A6 2450 Venture Oaks, Suite 300 Sacramento, CA 95833-3292 CONTACT: Robert Fahlam (916) 921-4188	#358	07/12/96	03/31/02	AFDC	\$ 71.14	**87,000/13,516****	\$982,142	San Joaquin	Omni Healthcare Inc.	
				OAS	171.64					
				ATD/AB	204.03					
				<u>Medically Needy</u>						
				AFDC	71.14					
				OAS	171.64					
				ATD/AB	204.03					
				MI CHILD	68.04					
				MI ADULT	495.49					
Total County Public Assistance Eligible, January 1999: 80,949										
Total County Medically Needy Eligible, January 1999: 19,097										
SAN JOAQUIN COUNTY				SUBTOTAL		68,232	\$4,919,287			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
<u>SANTA CLARA COUNTY (43)</u>										
Blue Cross of California (95-23524) A7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#345	02/01/96	03/31/02	<u>Public Assistance</u>		**95,000/28,557**** \$2,640,064	Santa Clara	CaliforniaCare Health Plan		
				AFDC	\$ 89.09					
				OAS	170.14					
				ATD/AB	238.69					
				<u>Medically Needy</u>						
				AFDC	89.09					
				OAS	170.14					
				ATD/AB	238.69					
				MI CHILD	82.96					
				MI ADULT	584.11					
<u>SANTA CLARA COUNTY</u>										
Santa Clara Family Health Plan (96-26395) A4 4050 Moorpark Avenue San Jose, CA 95117 CONTACT: Leona Butler (408) 260-4490	#309	02/01/97	01/31/01	<u>Public Assistance</u>		123,000/42,857**** \$4,503,757	Santa Clara	Santa Clara Family Health Plan		
				AFDC	\$ 101.79					
				OAS	175.08					
				ATD/AB	252.40					
				<u>Medically Needy</u>						
				AFDC	101.79					
				OAS	175.08					
				ATD/AB	252.40					
				MI CHILD	103.28					
				MI ADULT	710.77					
				REFUGESS	101.79					
Total County Public Assistance Eligible, January 1999: 103,670										
Total County Medically Needy Eligible, January 1999: 20,134										
SANTA CLARA COUNTY				SUBTOTAL		<u>71,414</u>		<u>\$7,143,821</u>		
<u>STANISLAUS COUNTY (50)</u>										
Blue Cross of California (97-11311) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: John P. Monahan, General Manager (805) 384-3511	#310	10/01/97	09/30/02	<u>Public Assistance</u>		48,100/25,949**** \$1,923,954	Stanislaus	Blue Cross of California		
				AFDC	\$ 70.86					
				OAS	164.59					
				ATD/AB	207.51					
				<u>Medically Needy</u>						
				AFDC	70.86					
				OAS	164.59					
				ATD/AB	207.51					
				MI CHILD	83.90					
				MI ADULT	481.71					
				REFUGEES	70.86					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>		<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
					<u>Public Assistance</u>						
Omni Health Care Inc. (96-26171) A6 2450 Venture Oaks, Suite 300 Sacramento, CA 95833-3292	359	07/12/96	03/31/02	AFDC	\$ 69.95	**64,000/19,619****	\$1,429,569	Stanislaus	Omni Healthcare Inc.		
					OAS	163.05					
					ATD/AB	206.00					
					<u>Medically Needy</u>						
					AFDC	69.95					
					OAS	163.05					
					ATD/AB	206.00					
					MI CHILD	83.01					
					MI ADULT	476.92					
CONTACT: Robert Fahlan (916) 921-4188											
Total County Public Assistance Eligible, January 1999: 53,625											
Total County Medically Needy Eligible, January 1999: 15,606											
STANISLAUS COUNTY					SUBTOTAL		45,568		\$3,353,523		
<u>TULARE COUNTY (54)</u>											
					<u>Public Assistance</u>						
Health Net (95-23523) A7 3400 Data Drive, 1 st Floor West Rancho Cordova, CA 95670	353	02/01/99	03/31/02	AFDC	\$ 73.98	**42,000/4,730****	\$390,563	Tulare	Health Net		
					OAS	212.36					
					ATD/AB	245.21					
					<u>Medically Needy</u>						
					AFDC	73.98					
					OAS	212.36					
					ATD/AB	245.21					
					MI CHILD	78.43					
					MI ADULT	477.65					
					REFUGEE	73.98					
CONTACT: Rhonda West-Peters (916) 636-8269											
					<u>Public Assistance</u>						
Blue Cross of California (98-15726) 5151-A Camino Ruiz Camarillo, CA 93012	#311	03/01/99	03/31/02	AFDC	\$ 82.06	90,000/22,935****	\$1,950,619	Tulare	Blue Cross of California		
					OAS	218.04					
					ATD/AB	259.91					
					<u>Medically Needy</u>						
					AFDC	82.06					
					OAS	218.04					
					ATD/AB	259.91					
					MI CHILD	93.83					
					MI ADULT	502.82					
					REFUGEES	82.06					
CONTACT: John P. Monahan, General Manager (805) 384-3511											
Total County Public Assistance Eligible, January 1999: 67,646											
Total County Medically Needy Eligible, January 1999: 13,169											
TULARE COUNTY					SUBTOTAL		27,665		\$2,341,182		
					TOTAL 2-PLAN		<u>3,885,900/1,781,444</u>		<u>\$147,759,565</u>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 23 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
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GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)

SACRAMENTO COUNTY (34)

Western Health Advantage (98-15586) 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9754	#140	05/01/97	12/31/00		40,000/15,328		Sacramento			
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CONTACT: Matt Menglekoach, Director of Operations (916) 563-3189

Health Net (98-15584) 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#150	04/01/96	12/31/00		53,000/24,983		Sacramento			
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CONTACT: Rhonda West-Peters (916) 636-8269

Maxicare (98-15643) 1149 South Boradway, Suite 819 Los Angeles, CA 90015	#160	04/01/94	12/31/00		100,000/18,723		Sacramento			
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CONTACT: Denise Hill (213) 365-3123

Kaiser Foundation Health Plan, Inc. (98-15583) 1800 Harrison Street Oakland, CA 94612-2998	#170	04/01/94	12/31/00		20,000/19,189		Sacramento			
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CONTACT: Sheila Lawler (510) 987-2543

Omni Health Plan, Inc. (98-15585) 2450 Ventura Oaks Way, Suite 240 Sacramento, CA 95833	#180	04/01/94	12/31/00		100,000/25,981		Sacramento			
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CONTACT: Robert Fahman (916) 921-4188

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
Blue Cross of California (98-15582) 5151 - A Camino Ruiz Camarillo, CA 93012 CONTACT: Verne Brizendine (805) 384-3565	#190	04/01/94	12/31/00		100,000/50,297		Sacramento			
TOTAL GMC-MEDICAL (Sacramento)					<u>413,000/154,501</u>					

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)										
<u>SAN DIEGO COUNTY (37)</u>										
Blue Cross of California (98-14800) A1 5151-A Camino Ruiz Camarillo, CA 93012	#48	09/01/98	07/31/00		202,000/9,155		San Diego	John P. Monahan General Manager		
CONTACT: Verne Brizendine (805) 384-3565										
Sharp Health Plan (98-14803) A1 9325 Sky Park Ct., Suite 300 San Diego, CA 92123	#13	08/01/98	07/31/00		100,000/ 46,826		San Diego	B. Kathlyn-Mead, President & CEO		
CONTACT: Mary Kay Elnes, MPH (619) 637-6536										
Universal Care (98-14804) A1 1600 E. Signal Hill Street Signal Hill, CA 90806-3682	#23	08/01/98	07/31/00		100,000/ 13,653		San Diego	Jeffrey V. Davis, Executive Vice- President & COO		
CONTACT: Sandy Taylor-Bristol (562) 981-4020										
Community Health Group (98-14799) A1 740 Bay Blvd Chula Vista, CA 91910	#29	08/01/98	07/31/00		200,000/ 74,057		San Diego	Gabriel Arce		
CONTACT: Melissa Stearns (619) 498-6434										
Health Net (98-14801) A1 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#68	08/01/98	07/31/00		180,000/ 7,800		San Diego	David Friedman		
CONTACT: Rhonda West-Peters (916) 636-8269										
Kaiser Foundation Health Plan, Inc. (98-14802) 1800 Harrison Street, 9 th Floor Oakland, CA 94612	#79	08/01/98	06/30/00		10,000/ 9,008		San Diego	Jack Hudes		
CONTACT: Kelly Duncan (626) 405-3633										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 26 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
UCSD Healthcare (98-14805) A1 200 West Arbor Dr. San Diego, CA 92103	#49	09/01/98	07/31/00		100,000/13,326		San Diego	John Alksne		
CONTACT: Nancy White (619) 294-6102										
TOTAL GMC-MEDICAL (SAN DIEGO)					<u>596,000/173,825</u>					
TOTAL ENROLLMENT (PHP, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u><u>2,485,882</u></u>					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

May 1999, 27 of 28

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
FFS MANAGED CARE										
<u>PLACER COUNTY (31)</u>										
Placer County Managed Care Network (96-26388) A2 11730 Enterprize Drive Auburn, CA 95603	#640	01/01/97	12/31/99	<u>Public Assistance</u> AFDC \$ 2.30 OAS 2.30 ATD/AB 2.30 <u>Medically Needy</u> AFDC 2.30 OAS 2.30 ATD/AB 2.30 MI CHILD 2.30 MI ADULT 2.30	25,000/12,868	\$29,596	Placer	Placer County Managed Care Network		
CONTACT: Jim Gandley (916) 889-6791										
Total County Public Assistance Eligible, January 1999: 12,395										
Total County Medically Needy Eligible, January 1999: 1,697										
PLACER COUNTY				SUBTOTAL	12,868	\$29,596				
<u>SONOMA COUNTY (49)</u>										
Sonoma County dba Sonoma County Medi-Cal Managed Care Network (96-26183) 1221 Farmers Lane, Suite 200 Santa Rosa, CA 95404-1705	#642	10/01/96	12/31/99	<u>Public Assistance</u> AFDC \$ 2.30 OAS 2.30 ATD/AB 2.30 <u>Medically Needy</u> AFDC 2.30 OAS 2.30 ATD/AB 2.30 MI CHILD 2.30 MI ADULT 2.30	50,000/26,779	\$61,592	Sonoma	Sonoma County dba Sonoma County Medi-Cal Managed Care Network		
CONTACT: Bob Gilchrist (707) 576-4700										
Total County Public Assistance Eligible, January 1999: 25,021										
Total County Medically Needy Eligible, January 1999: 3,805										
SONOMA COUNTY				SUBTOTAL	26,779	\$61,592				
TOTAL FFS MANAGED CARE					<u>75,000/39,647</u>	<u>\$91,188</u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager (Backup)</u>	<u>Disenrollments Tech</u>
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GEOGRAPHIC MANAGED CARE (GMC-DENTAL)

SACRAMENTO COUNTY (34)

Delta Dental Plan of CA #422 01/01/99 12/31/00 150,000/20,021**** Sacramento
(98-15289)
7667 Folsom Blvd
Sacramento, CA 95826

CONTACT: Michael Kaufman

DentiCare of Ca #423 01/01/99 12/31/00 100,000/9,072**** Sacramento
(98-15290)
125 Technology Dr., Suite 100
Irvine, CA 92618

CONTACT: Donna Edson

PacifiCare Dental #681 04/01/94 03/31/99 120,000/ 0 Sacramento
(93-18905) A4
14471 Chambers Road
Tustin, CA 92680-6902

CONTACT: Lee Harris (714) 734-2033

Western Dental Srvs., Inc. #424 04/01/94 12/31/00 125,000/61,809**** Sacramento
(98-14557)
300 Plaza Alicante, Ste. 810
Garden Grove, CA 92640

CONTACT: Stan Andrakowicz (714) 938-1600

Access Dental Plan, Inc. #421 04/01/94 12/31/00 90,000/64,288**** Sacramento
(98-14556)
555 University Ave, Suite 182
Sacramento, CA 95823

CONTACT: Reza Abbaszadeh (916) 922-5000

Preventive Dental Systems #684 04/01/94 03/31/99 100,000/ 0 Sacramento
(93-18902) A4
801 Broadway, Ste B
Sacramento, CA 95818

CONTACT: Greg Thomas (916) 448-2994

TOTAL GMC-DENTAL 685,000/155,190

Capitation report updated by Marilyn Marsh (916) 657-5188.

* Plans which have Dental.
** Maximum Enrollment per Proj. No./County.
*** Contract expired.
**** Some plans have enrollment for % of Poverty even though their contracts do not include the aid codes.
Capitation will be paid after contract amendments have been executed to include the aid codes.